

CITY OF AUGUSTA

WRECKING AND DEMOLITION PERMIT

Permit No. _____

OWNER: STATE OF MAINE, BUREAU OF GENERAL SERVICES

CONTRACTOR/AGENT: _____

ADDRESS: 77 STATE HOUSE STATION

ADDRESS: _____

AUGUSTA, ME 04333-0077

TELEPHONE: 624-7360

TELEPHONE: _____

NAME OF BUILDING: FARMHOUSE

BUILDING SIZE/SQUARE FOOTAGE OF DEMO: 3570

LOCATION: 156 HOSPITAL STREET

FOUNDATION: GRANITE BLOCK BASEMENT

MAP: 10 LOT: 8 ZONE: BP

FRAME TYPE: BRICK / WOOD

AGE AND USE OF BUILDING: UNKNOWN ACP, VACANT

(AHPC*) / ASBESTOS - NO / YES (IF YES, FAX REPORT TO DEP)

SCOPE OF WORK: COMPLETE DEMOLITION

WORK TO COMMENCE: _____ ESTIMATED COMPLETION DATE: _____

DIAGRAM OF BUILDING CONFIGURATION / ONE OR MORE RECENT PHOTOGRAPHS OF BUILDING SHOWING AT LEAST TWO ELEVATIONS.
* (PLANNING DOES ABUTTER NOTIFICATION IF GOES TO COMMITTEE FOR REVIEW)

DISPOSAL: SALVAGED MATERIALS: _____

INERT FILLS: _____

DEBRIS: _____

STAGING AREA FOR SEPARATION OF MATERIALS WILL _____ / WILL NOT _____ BE USED.

SITE / OWNER: _____ TELEPHONE: _____

LOCATION: _____ MAP: _____ LOT: _____ ZONE: _____

CITY / TOWN: _____

THE OWNER OF THIS PROPERTY AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE CITY OF AUGUSTA AND FURTHER AGREE THAT ALL DAMAGES MADE TO SIDEWALKS, CURBS AND ROADWAYS IN CONNECTION WITH WRECKING OR DEMOLITION APPROVED BY THIS PERMIT SHALL BE IMMEDIATELY REPAIRED TO THE SATISFACTION OF THE CITY ENGINEER AT THE EXPENSE OF THE APPLICANT.

APPLICANTS SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

CERTIFICATE OF INSURANCE: _____ CITY SERVICES: _____ DATE: _____

EXPIRATION DATE: _____ SANITARY DISTRICT: _____ DATE: _____

SECURITY DEPOSIT: _____ 0100-21531 (118) WATER DISTRICT: _____ DATE: _____

NO SECURITY DEPOSIT REFUND IF NO DEMO OR RESPONSE ONCE DEMO'D WITHIN TWO YEARS CMP: _____ DATE: _____

PERMIT FEE: _____ 000-51119 (119) TELEPHONE COMPANY: _____ DATE: _____

ADMINISTRATIVE FEE: _____ 000-51122 (122) CABLE TV COMPANY: _____ DATE: _____

SPRINKLED: YES _____ NO _____

PERMIT STATUS CODE: _____

DEMOLITION COMPLETED: _____

HANDICAPPED: YES _____ NO _____

ZONING CLASS CODE: _____

CODE ENFORCEMENT OFFICER: _____

100 YR. FLOOD: YES _____ NO _____

NBC USE GROUP CODE: _____

SECURITY DEPOSIT CAN BE RELEASED: _____

CONSTRUCTION TYPE CODE: _____

04/2013

- ALL STRUCTURE/STRUCTURES TO BE DEMOLISHED AND
- THE LOCATION AND SIZE OF ALL EXISTING STRUCTURES AND
- THE CONSTRUCTION THAT IS TO REMAIN ON THE SITE OR PLOT.

BEFORE A PERMIT IS ISSUED, THE APPLICANT SHALL DEPOSIT WITH THE CITY TREASURER THE FOLLOWING SUMS TO INSURE THAT THE PROPERTY IS IN A SAFE AND PROPER CONDITION AFTER SUCH WRECKING OR DEMOLITION IS COMPLETED. SAID DEPOSIT SHALL BE USED TO INSURE THAT THE SALVAGE SITE MEETS THE REQUIREMENTS OF THE **PERFORMANCE STANDARDS**. DEPOSIT IS REFUNDABLE AS DETERMINED BY THE CODE ENFORCEMENT OFFICER UPON SATISFACTORY COMPLETION OF WORK.

- STRUCTURES NOT ON FOUNDATIONS, UNDER 500 SQ. FT. \$ 300.
- STRUCTURES NOT ON FOUNDATIONS, 501 - 1,000 SQ. FT. \$ 600.
- STRUCTURES NOT ON FOUNDATIONS, EACH ADDITIONAL 500 SQ. FT. \$ 300.
- STRUCTURES WITH FOUNDATIONS USE THE FOLLOWING FORMULA (GROSS SQ. FT. x 2 x NUMBER OF STORIES). EXAMPLE: 600 SQ. FT. x 2 x 2 (TWO STORY BUILDING WITH FOUNDATION) / 600 x 2 x 2 = \$ 2,400

FEE SCHEDULE:

- RESIDENTIAL PROPERTIES **NO PERMIT FEE**
 - RESIDENTIAL REVIEW / ADMINISTRATIVE FEE: **\$15 / RESIDENTIAL SECURITY DEPOSIT**
- COMMERCIAL PROPERTIES **(GROSS FLOOR AREA x \$0.02 / PERMIT FEE)**
 - COMMERCIAL REVIEW / ADMINISTRATIVE FEE: **\$30 / COMMERCIAL SECURITY DEPOSIT**
- STRUCTURES WITH FOUNDATIONS USE THE FOLLOWING FORMULA

SECTION 6-5 (d) BOND. A CERTIFICATE SHOWING THAT PUBLIC LIABILITY INSURANCE IN THE AMOUNT OF THREE HUNDRED THOUSAND DOLLARS (\$ 300,000) HAS BEEN OBTAINED BY THE APPLICANT AND SHALL ACCOMPANY SUCH APPLICATION.

APPLICABLE REGULATIONS:

- CITY ORDINANCES: 1) 6-35 WRECKING BUILDINGS.;
- ZONING ORDINANCE: SECTIONS: 1) 3.5 NONCONFORMANCE ; 2) 3.5.5 (2.) DISCONTINUANCE OF A NONCONFORMING USE; 3) 3.5.6 NONCONFORMING STRUCTURES

R

KBD2

413.86'

688.16'

10-8D
MAIN STREET LLC
10.30 ac

10-8E
MAIN STREET LLC
7.10 ac

1130'

710.97'

384.51'

418.08'

993.93'

10-8
MAINE STATE OF
147.60 ac

BP

10-8A
AUG. CITY OF
1.03 ac

SECOND

THIRD

FOURTH

FIFTH

SIXTH

HOSPITAL

GLENRIDGE

CENTRAL MAINE POWER CO

101

STREET

ARSENAL STREET

KENNEBEC





HOSPITAL STREET

An aerial photograph of a campus. At the top, a road is labeled 'HOSPITAL STREET'. Below it, a large green area is labeled 'FARMHOUSE'. To the right of the farmhouse, there are two large, long buildings with light-colored roofs, labeled 'CAMPBELL BARN'. In the center, a large, curved parking lot is filled with cars. Below the parking lot, a road is labeled 'RIVERVIEW'. At the bottom, there are several large, multi-story buildings with flat roofs, some with green roofs. The entire area is surrounded by green trees and grass.

FARMHOUSE

CAMPBELL
BARN

RIVERVIEW





